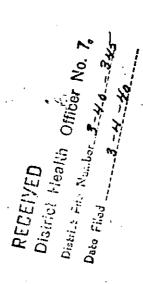
MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH Registration District No.... (a) County.... Registered No. Primary Registration District No. (d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) OCCUPATION is RECORD (e) Length of residence in city or town where death occurred 36 yrs. 9 mos. 10 ds. (f) How long in U. S., if of foreign birth? - yrs. - mos. - ds. 100 (Usual place of abode, if no street address, write county or city) (a) Residence, No...... (If nonresident, give city or town and State) PERMANENT MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) nknown CERTIFY, That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Walter. (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) If LESS than 1 The principal cause of death and related causes of importance were as follows: 7. AGE YEARS MONTHS DAYS 65 ۱8 11 ormin. 8. Trade, profession, or particular kind of House ซี 9. Industry or business in which work was done, as saw mill, bank, etc...... 11. Total time (years) > 10. Date deceased last worked at this occupation (month and spent in this occupation..... 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME M 14. BIRTHPLACE (city or town).
(STATE OR COUNTRY) Name of operation Date of Was there an autopsy? Name of operation..... 23. If death was due to external causes (violence), fill in also the following: 16. BIRTHPLACE (CITY OR TOWN).
(STATE OR COUNTRY) Where did injury occur?.... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT. USE OF DEATH (ADDRESS) Manner of injury... 18. BURIAL, PREMATION, OR REMOVAL Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased?... If so, specify Local Registrar. (Licensed Embalmer's Statement on Reverse Side)



STATEMENT BY LICENSED EMBALMER

	n the reverse side of this certificate was embalmed by me, or by
***************************************	, Registered Apprentice No,
working under my personal supervision.	
	Signed
	Licensed Embalmer No
•	P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.